

State of California
Department of Industrial Relations
DIVISION OF WORKERS' COMPENSATION



**Order of the Administrative Director of the
Division of Workers' Compensation
Official Medical Fee Schedule - Durable Medical Equipment,
Prosthetics, Orthotics, Supplies
Effective for Services Rendered on or after July 1, 2018**

Pursuant to Labor Code section 5307.1, subdivision (g)(2), the Administrative Director of the Division of Workers' Compensation orders that the Durable Medical Equipment, Prosthetics, Orthotics, Supplies portion of the Official Medical Fee Schedule contained in title 8, California Code of Regulations, section 9789.60, is adjusted to conform to changes to the Medicare payment system that were adopted by the Centers for Medicare & Medicaid Services (CMS) in the Interim Final Rule with Comment Period (CMS-1687-IFC) Durable Medical Equipment Fee Schedule and the July 2018 DMEPOS Fee Schedule Update.

Medicare Data Source and Incorporation by Reference

Effective for services rendered on or after July 1, 2018, the maximum reasonable fees for Durable Medical Equipment, Prosthetics, Orthotics, Supplies shall not exceed 120% of the applicable California fees set forth in the Medicare calendar year 2018 "Durable Medical Equipment, Prosthetics/Orthotics, and Supplies (DMEPOS) Fee Schedule" revised effective July 2018, contained in the electronic file "[DME18-C \[ZIP, 3MB\]](#)" which is adopted and incorporated by reference.

The fee schedule data file (DMEPOS_JUL) sets forth two columns for California labelled: "CA (NR)" [California Non-Rural] and "CA (R)" [California Rural]. For the services on or after July 1, 2018, payment shall not exceed 120% of the fee set forth for the HCPCS code in the CA (NR) column, except the fee shall not exceed 120% of the fee set forth in the CA (R) column if the injured worker's residence zip code appears on the DMERuralZip_Q32018 file. Where column CA (NR) sets forth a fee for a code, but CA (R) for the code is listed as "0.00" the fee shall not exceed 120% of the CA (NR) fee, regardless of whether the injured worker's address zip code is rural or non-rural.

DME18-C includes the following documents:

- DMEBACK July2018
- DMEPOS_JUL
- DMEREAD July2018
- DMERuralZip_Q32018

The [update](#) includes changes identified in CR 10707 and the Federal Register [[CMS-1687-IFC](#)]. The CMS Manual System, [Pub 100-4 Medicare Claims Processing, Transmittal 4072, Change Request 10707](#), June 8, 2018 sets forth the changes and is relied upon in adopting this update Order.

The Interim Final Rule with Comment Period (CMS-1687-IFC) Durable Medical Equipment Fee Schedule and the third quarter DMEPOS fee schedule revision are available on the Internet at the website of the Centers for Medicare & Medicaid Services at:
<https://www.cms.gov/Medicare/Medicare-Fee-for-Service-Payment/DMEPOSFeeSched/DMEPOS-Fee-Schedule.html>

This Order shall be published on the website of the Division of Workers' Compensation:
<http://www.dir.ca.gov/dwc/OMFS9904.htm#3> .

IT IS SO ORDERED.

Dated: June 18, 2018

ORIGINAL SIGNED BY
GEORGE P. PARISOTTO
Administrative Director of the
Division of Workers' Compensation